

# MPS NEWS

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Editor: Heidi Bunes

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Deadline for articles is the 15th of the month preceding publication. Please email [heidi@mdpsych.org](mailto:heidi@mdpsych.org).

MPS News Design & Layout  
Meagan Floyd

## President's Column

### 2019 Legislative Outlook

On November 6<sup>th</sup>, Governor Hogan carried 21 of Maryland's 24 jurisdictions to become only the second Republican governor to win re-election in the State's history. Despite Governor Hogan's impressive victory, Republicans were unable to break the Democratic supermajorities in both chambers of the legislature to prevent veto overrides – and in fact, Democrats gained 8 seats in the House and now hold a 99 to 42 seat advantage over the Republicans.

By the numbers, 38% of the Senate and 28% of the House will be comprised of new members. More importantly, roughly three-fourths of the Senate leadership and one House committee chair will be held by someone different in 2019. For MPS, this leadership change presents new perspectives and visions on how the state should address issues related to mental health. For example, 81-year-old Delegate Joe Vallario (D), Prince George's County, lost his primary election bid. A defense attorney by trade, Delegate Vallario has served in the Maryland legislature since 1975 and has been Chair of the House Judiciary Committee since 1993. For those 25 years as chairman, Delegate Vallario was the gatekeeper on issues such as physician assisted suicide, privileged communication for mental health providers, as well as incompetency and criminal responsibility to name just a few. Delegate Vallario's replacement is Delegate Luke Clippinger (D) of Baltimore City. Delegate Clippinger is 46 years of age and is an Assistant State's Attorney with the Anne Arundel County State's Attorney's Office. Though a member of the bar since 2005, Delegate Clippinger has not practiced in the civil arena. Delegate Clippinger's

political leanings would be considered more progressive than his predecessor, Delegate Vallario.

We highlight this leadership change along with the significant turnover in the legislature to stress that MPS has a lot of work ahead of itself in educating these elected officials on the MPS's vision of fostering "a health care environment that provides accessible, culturally sensitive, and comprehensive services for mental health and substance use disorders for all Maryland residents." On **Thursday February 7th** from 8:30AM—1PM, we invite all MPS members to join us in Annapolis to meet with House and Senate leadership to discuss current and future legislation affecting psychiatry and mental health in Maryland. MPS lobbyists help with talking points and protocol. Interested members should contact Meagan at the MPS office (410-625-0232) or email [mfloyd@mdpsych.org](mailto:mfloyd@mdpsych.org).

The 2019 session of the Maryland General Assembly begins on Wednesday, January 9, 2019. Let's take a quick look at some of the issues MPS members could see this upcoming session:

- Access to mental health and substance abuse treatment, inpatient and outpatient, are on the forefront of a lot of minds in Annapolis. Eliminating barriers to such meaningful treatment, whether insurance related, state-funding related, or both may be brought before the General Assembly this upcoming session.
- Expect to see the issues of mental illness get entangled with the debates on gun violence, gun control, suicide prevention, and mass violence. As a result, we may see legislation that would relax involun-

The next MPS Council meeting will be held at 8 PM Tuesday, January 8 in the MPS office.

tary psychiatric commitment procedures or establish stricter mandatory reporting of certain patients to law enforcement or the national criminal background check system.

- Legislation criminalizing a mandatory reporter's failure to report suspected child abuse or neglect if that mandatory reporter has "actual knowledge" of the abuse or neglect is expected to return this session.
- Finally, we can also expect a perennial bill requiring that certain individuals who have experienced a drug overdose be admitted to inpatient mental health facilities, even in the absence of a co-occurring mental disorder.

The MPS Legislative Committee is always looking for new members to help screen bills, write letters, etc. The committee meets once a week during the January 9 to April 8 session via conference call. If you're interested in participating, please [email Meagan Floyd](#). You can also find update and information on past sessions by [visiting our website](#).

*Thomas R. Tompsett Jr., Esq., Harris Jones & Malone  
Guest columnist on behalf of  
Patrick T. Triplett, M.D.*

## December Member Spotlight

**Chinenye Onyemaechi, M.D.** "I am a locum tenens psychiatrist currently working as a nocturnist in a psychiatric emergency service in downtown Portland, Oregon. I also volunteer for the Physicians for Human Rights as an evaluator of individuals seeking asylum. I completed my general and forensic psychiatry training at the University of Maryland/Sheppard Pratt. One of the rewarding aspects of psychiatry is the diversity of work settings and non-clinical areas through which we can apply psychiatric knowledge and unique skill set. I would encourage residents and early career psychiatrists to seek out mentors (MPS networking events is a great start), keep an open mind, and find work that is in balance to the lifestyle you desire." [Click here](#) to view the post and photo.

Have you recently worked on an exciting research project? Reached a milestone in your career and want to share it with other MPS members? Have some good advice for younger psychiatrists who are just starting their careers? Submit a short article and photo through this [Google Form](#) to showcase your experiences with the MPS community.

## MPS ADVOCACY DAYS IN ANNAPOLIS

On **Thursday February 7th** from 8:30AM—1PM, we invite all MPS members to join us in Annapolis to meet with House and Senate leadership to discuss current and future legislation affecting psychiatry and mental health in Maryland. There are many new legislators this year! MPS lobbyists help with talking points and protocol. Contact Meagan Floyd 410-625-0232) or [email](#) .

## Have You Published Lately?

The MPS would like to highlight recent journal articles published by its members. If you have published within the past year, please email the title, publication, date and preferably a link to [mps@mdpsych.org](mailto:mps@mdpsych.org). Please also include a photo and a sentence or two summary, if possible.

## Poster and Paper Contests

The MPS Academic Psychiatry Committee wishes to recognize outstanding scholarship by young psychiatrists in Maryland and is currently soliciting nominations for three awards. The **Poster Competition for Resident-Fellow Members** will be bigger and better this year, with all entries displayed at the annual meeting in April! The Paper of the Year Award has also returned, with prizes in two categories:

- **Best Paper by an Early Career Psychiatrist Member**
- **Best Paper by a Resident-Fellow Member**

Thanks to generous funding from the Maryland Foundation for Psychiatry, winners will receive **cash prizes** as well as a complimentary ticket to the MPS annual meeting in Downtown Baltimore on April 25, 2019.

For more information and submission details [please click here](#).

## Thank You!

The following members paid additional MPS dues for 2019 even though they qualify for reduced dues because they have reached life status. We appreciate your financial support of the Maryland Psychiatric Society!

Louis H. Cohen M.D.  
Mark J. Ehrenreich M.D.  
David B. Glovinsky M.D.  
David Gonzalez-Cawley M.D.  
Thomas F. Krajewski M.D.  
Elias K. Shaya M.D.  
Frederick N. Webber, M.D., J.D.

## 2019 Dues Renewals

You should have received information regarding your 2019 membership dues sent via email as well as USPS. As the largest source of income, member dues are **critical** to MPS viability. Please [email](#) or call MPS at 410-625-0232 with any questions. We can't do this without your support!

## November 13 Council Highlights

Executive Committee Report

Dr. Triplett reported that the Executive Committee met on September 25 with the Behavioral Health Administration and followed up on PDMP and use of ECT. We determined that simply checking PDMP does not justify using a higher level code, but if more extensive care is required as a result it could affect coding. An attorney is revising PDMP use requirements for PRN benzos. Regarding BHA data on ECT with children, BHA Medical Director Steven Whitefield, M.D. reviewed charts and found inaccuracies in some extreme cases. The MPS requested another update on the longstanding psychiatric leadership vacancies at BHA.

Dr. Triplett also reported on the October 9 MPS Open House where about 20 members enjoyed networking and refreshments. He highlighted several efforts to engage younger members, including new social media channels, cash prizes for poster and paper awards and a new medical student "membership." Finally, he noted MPS involvement in three communications to government officials:

- [Letter to Secretary Neall](#) requesting that the Medicaid program include provider reimbursement in its report on parity compliance.
- [Letter to U.S. Senate](#) requesting a vote on HR 6082 Overdose Prevention and Patient Safety Act during the lame duck session
- [Letter to Governor Hogan](#) asking for the expansion of services for transition age youth

Secretary-Treasurer's Report

Dr. Ehrenreich presented the September 30 third quarter financial statements and announced that so far this year the MPS is doing better than last year and we're in the black! Regarding the Balance Sheet Comparison, he noted that total assets and net assets are both up \$25K. He said total income is \$5K more than budget to date, and with expenses \$14K under budget, there is a \$10K surplus, \$19K better than projected. Compared to last year at this time, total income of \$248K is \$8K higher and total expenses are \$12K lower, so the bottom line is \$20K better. The Statement of Cash Flows shows a \$10K net decrease in cash since the beginning of January, after investing \$5K in computers and software. Council voted unanimously to accept the report.

Then Dr. Ehrenreich presented the proposed 2019 Capital Budget totaling \$23,500. Computer network replacement is budgeted at \$16K, an additional \$2500 is for new conference room tables that will allow different room configurations and another \$5K is for other Executive Committee-approved capital replacements needed before 2020. Funds will come from the savings account. Council voted unanimously to approve the capital budget.

Executive Director's Report

Ms. Bunes reported on several new developments:

- The MPS received \$1500 Area 3 program funds for reduced ticket prices for ECP and RFM members at the

spring 2019 PDMP CME.

- Abby Berk is working part time as a communications intern. So far, she has completed 2 surveys of residents on social media and news, 4 new social media accounts, Google business listing update, Constant Contact email marketing provider trial, Member Spotlight concept and a content marketing plan.
- The MPS held very successful resident lunches at JHH and UM - about 80 total residents received information about MPS opportunities and upcoming events.

The Payer Relations Committee chairs were unable to attend, so Ms. Bunes also reported that the 10<sup>th</sup> Anniversary of Parity event was small but very informative. Henry Harbin, M.D., who has worked at the national level on this law as well as parity aspects in two subsequent laws, ACA and CURES, led the seminar. Parity resources were distributed that evening and at the Council meeting. They are also on the [MPS website](#).

Nominations & Elections Committee Report

On behalf of Dr. Zimnitzky, Ms. Bunes distributed the committee's recommended slate for the 2019 MPS elections ([see page 5](#).) Council voted unanimously to approve the slate and selected candidates for Assembly Rep and Nominating Committee.

MedChi Delegate's Report

On behalf of Dr. Shaya, Ms. Bunes distributed his written report on the September 22 House of Delegates meeting. [Please see page 10 of the [October issue](#) for this report.]

APA Assembly Representatives' Report

Dr. Hanson provided the report on behalf of MPS representatives to the APA Assembly. [See [page 7](#) for details.]

New Business

Dr. Palmer reported that the Executive Committee is recommending 7% salary increases for staff in 2019. Salaries have been unchanged since May 2017. The budget allows for a \$15K increase, so this leaves \$5,550 for possible shortfalls, bonuses or other staff needs. She distributed comparative data from the 2018 Maryland Nonprofits Salary and Benefits Survey, which support the need for increases. Council voted unanimously to approve the salaries.

## MPS Social Media Offerings

The MPS launched **new social media accounts** to help members stay connected with MPS and with each other. Join the new MPS members-only [Facebook group](#) to keep your colleagues in the loop. You can also follow us on [Facebook](#), [Instagram](#), [Twitter](#), and [LinkedIn](#) to learn about events and stay updated on Maryland news.



# Maryland News

## Maryland's ERPO ("Red Flag Law")

Maryland psychiatrists should be familiar with the new Extreme Risk Protective Order (ERPO) law in our state. This spring, the Maryland General Assembly passed [HB 1302](#), sponsored by Delegate Valentino-Smith. The law gives family members, former co-habitants or partners, medical or mental health professionals, and law enforcement a tool to petition a court for the temporary removal of guns for an individual in crisis. It also allows a mental health professional who is threatened by a current or former patient to petition for an ERPO without violating privilege. In other states, ERPO laws have been effective in reducing gun homicides and suicides. The Maryland law became effective October 1.

HB 1302 establishes a process that enables individuals to obtain a court order that will prevent someone from purchasing or possessing firearms or ammunition for a specified amount of time if they pose "...an immediate and present danger of causing personal injury to the respondent, the petitioner, or another by possessing a firearm." [Public Safety Section 5-602]

### ABOUT THE PROCESS

A concerned person files a petition through the court that includes:

- The number, types, and locations of any known firearms in possession of the person of concern
- Supporting documents or information that documents why the person of concern poses an immediate and present danger to him or herself or others (i.e., documentation of a threat of violence)
- The signature of the concerned person filing the petition

### WHO CAN FILE A PETITION?

- Law enforcement officer
- Specified health professional (includes psychiatrists)
- Someone who lives with the person
- Someone related to the person by blood, marriage, or adoption
- A co-parent
- A current dating or intimate partner
- A current or former legal guardian

For forms, FAQs, resources and other specifics, please visit <https://mdcourts.gov/district/ERPO>.

The MPS is still sorting out the various considerations that this new law creates. There is consensus that given the frequency of gun incidents, there will be litigation over the new ERPO provisions. The law lacks protection from civil suit for not filing, which could become a problem for clinicians. Another problem is that the petitioner must personally appear in District Court, a difficult or even impossible

requirement for clinicians. The *Sun* [reported](#) that an armed man was fatally shot in November while police served an ERPO in Anne Arundel County.

It's hard to imagine when someone who qualifies for an emergency petition (EP) wouldn't also qualify for an ERPO. Given their similarities, it is important to understand the differences:

- The "immediate and present danger" language for ERPOs is a more stringent requirement than the "danger" required in Health-General for both EPs and civil commitment. For example, a demented person or gravely disabled mentally ill person could be EP'd, but not present an immediate danger to qualify for an ERPO.
- With an ERPO there doesn't need to be a diagnosable mental illness.
- Police can already seize weapons from someone taken in on EP. The difference is if someone is released from an EP they can immediately get a weapon back whereas ERPOs can remove weapons for a year.

Stay tuned – the MPS will share updates as we gain more experience with this new law and work on addressing its shortcomings. Look for an in-depth article by Erik Roskes, M.D. in the next issue of *The Maryland Psychiatrist*.

*Erik Roskes, M.D., Anne Hanson, M.D., Jeff Janofsky, M.D. and Paul Nestadt, M.D. contributed to this article.*

### More on ERPOs

While suicide rates are increasing elsewhere according to the [CDC](#), Connecticut and Indiana, with some of the first ERPO laws, have seen suicide rates drop. See the research [findings](#) published online June 1 in *Psychiatric Services*.

This year, the APA updated its [ERPO Resource Guide](#) with Guidance for Mental Health Professionals on page 7.

On November 5, *Psychiatric Services* published an [article](#) authored by psychiatrists in Oregon, which has implemented ERPOs. They consider the possible impact of the law on their practice, their patients and the public.

## Parity Toolkit

To commemorate the 10th anniversary of the Parity Act, the MPS Payer Relations Committee hosted a seminar that included a toolkit of parity resources that psychiatrists can use in their practices. This information is now available on the MPS website! [Click here](#) to access the resources.

# Maryland News

## 2018 General Election Results

Selected highlights of a November 7 Schwartz, Metz & Wise, P.A. memo on the election are included here. Three physicians were elected to serve beginning in 2019. **Dr. Clarence Lam** prevailed in the District 12 (Baltimore/Howard Counties) Senate race, so this will put a physician in the Maryland Senate. He is expected to serve on the Education, Health & Environment Committee, which if that occurs will be a major asset to physicians. Re-elected was Delegate and **Dr. Terri Hill**, also of District 12, who serves on the Health & Government Operations Committee. **Dr. Jay Jalisi** (Baltimore County) was also re-elected, so there will be two physicians in the House of Delegates. While the composition of the House and Senate is now known, committee assignments for newly elected members are not entirely known. With so much work done at the committee level, these assignments are very important. Stay tuned for updates!

## Slate For 2019 MPS Election

At its November meeting, the MPS Council voted unanimously to approve the following slate for next year's MPS elections.

**President-Elect:** Mark J. Ehrenreich, M.D.

**Secretary-Treasurer:** Virginia L. Ashley, M.D.

**Council** (4 vacancies)

Jason H. Addison, M.D.

Thomas F. Krajewski, M.D.

Ronald F. Means, M.D.

Jessica Merkel-Keller, M.D.

Savitha Puttaiah, M.D.

Carolina Vidal, M.D.

Crystal C. Watkins, M.D., Ph.D.

Michael A. Young, M.D.

**Early Career Psychiatrist Councilor**

Marissa A. Flaherty, M.D.

**Resident-Fellow Member Councilor:** Jamie Spitzer, M.D.

**APA Assembly Representative:** Annette L. Hanson, M.D.

**Nominations & Elections Committee** (2 vacancies)

Elias K. Shaya, M.D.

Patrick T. Triplett, M.D.

Sally A. Waddington, M.D.

Brian Zimnitzky, M.D.

## Open Enrollment for 2019

**Open enrollment for 2019 health and dental plans ends December 15!** Nine out of 10 enrollees get [financial help to lower their costs](#). Go online to [MarylandHealthConnection.gov](#) or use the mobile app to browse plans and enroll. Open enrollment is for private health and dental plans. Medicaid/MCHP enrollees don't need to take action unless they have received a notice to renew.

## Behavioral Health Coalition 2019 Legislative Platform

The Maryland Behavioral Health Coalition (which the MPS is a member of) recently released its 2019 legislative platform, which focuses on 4 critical areas:

### **INCREASE SCHOOL BEHAVIORAL HEALTH SUPPORTS TO IMPROVE STUDENT OUTCOMES**

The Kirwan Commission is exploring options to enhance public education in Maryland. The Commission is expected to offer a series of recommendations to expand school behavioral health services and supports, which have been shown to improve student health and educational outcomes. In addressing the full range of Kirwan recommendations, we must prioritize the adoption and funding of those related to school behavioral health.

### **FULLY FUND KEEP THE DOOR OPEN COMMITMENTS**

When the Maryland General Assembly passed the HOPE Act in 2017, it included a long-overdue, multi-year behavioral health provider rate increase. In 2018, the legislature enacted multi-year funding initiatives to expand crisis response services and improve the delivery of behavioral health care in primary care settings. We must keep these prior budget commitments in FY 2020 to ensure Marylanders have access to mental health and substance use treatment services when and where needed.

### **PROMOTE MEDICATION-ASSISTED TREATMENT AND OTHER SUBSTANCE USE TREATMENT OPTIONS**

Medication-assisted treatment (MAT) is an evidence-based practice that combines behavioral therapy and medications to treat opioid addiction and other substance use disorders. Although this is increasingly considered the gold standard for substance use treatment, it is woefully underutilized. The legislature should ensure that Maryland laws and policies do not restrict access to all forms of MAT and other substance use treatment options. We must eliminate all restrictions to MAT, increase reimbursement for the delivery of this life-saving service, and ensure access where it is needed most, including Maryland correctional facilities.

### **TAKE STEPS TO DIVERT BEHAVIORAL HEALTH PATIENTS FROM EMERGENCY ROOMS AND GENERAL HOSPITALS**

Difficulty accessing behavioral health services in the community has forced more and more Marylanders to seek care in costlier emergency departments. Existing laws and nascent initiatives to improve access to and delivery of behavioral health care can help to mitigate the situation, but they must be properly enforced, appropriately structured and thoughtfully expanded to ensure their effectiveness. We must enforce existing mental health and substance use parity laws, incorporate behavioral health screening and referral measures into the Maryland Primary Care Program, and expand programs that target treatment and resources to the hardest-to-engage individuals.

## Maryland News

### Children's Behavioral Health Coalition 2019 Legislative Platform

The Maryland Children's Behavioral Health Coalition, which the MPS actively participates in, brings together a range of advocacy groups with a focus on policy issues and concerns specific to children and youth with behavioral health needs within Maryland. The group's 2019 legislative priorities are:

#### ACCESS TO SCHOOL BEHAVIORAL HEALTH SERVICES

Last year, the General Assembly and Governor Hogan passed the [Safe to Learn Act of 2018](#), which increased care coordination in schools and partnerships with community providers. However, we must do more to ensure that all children have a safe learning environment and access to the behavioral health resources shown to improve student outcomes. The Kirwan Commission is considering options to address these needs, including increased training for school personnel, the scaling of school behavioral health services in all jurisdictions, systematic screening and identification of student needs and a statewide system of accountability and outcome measurement. Maryland must adopt and fully fund the Kirwan Commission's school behavioral health recommendations.

#### TREATMENT OPTIONS FOR TRANSITION AGE YOUTH

Access to psychiatric rehabilitative services is based on restrictive, adult-oriented diagnostic criteria for chronic and serious mental health needs. Many individuals between the ages of 18-26 are at risk for homelessness, substance misuse, trauma, severe social impairment and other serious behavioral disorders but do not meet these strict criteria. Psychiatric rehabilitative programs (PRP) and services can provide direct skill development and other supportive resources that facilitate an early intervention and recovery, but only if the services are accessible when needed. To ensure transition age youth can benefit from the resources available in Maryland, we must expand treatment options and revise diagnostic criteria.

#### NEEDS OF CHILDREN WITH BEHAVIORAL ILLNESSES

Maryland's contract with its care management entity ended on June 30, 2016. This void, combined with a shortage of community treatment options and a decrease in voluntary placement agreements (VPAs) for families in need has resulted in a fragmented system of care, leading to:

- eligibility barriers that delay the delivery of care;
- residential treatment centers that are filled to capacity;
- surging emergency department usage and extended stays in hospital inpatient units; and
- an increase in out-of-state placements

Maryland must expand moderate- to high-intensity community-based treatment options and adopt a system-wide trauma-informed care approach so that more children with high needs can lead fulfilling lives with their families and in their communities. To better meet the needs of children with serious behavioral illnesses, we must expand access to mobile treatment and crisis services tailored to children and youth, increase the availability of VPAs and improve Maryland's Targeted Case Management and 1915(i) programs.

### Nominations for Anti-Stigma Advocacy Award

The Maryland Foundation for Psychiatry presents an annual award to recognize a worthy piece published in a major newspaper that accomplishes one or more of the following:

- Shares with the public their experience with mental illness in themselves, a family member, or simply in the community.
- Helps others to overcome their inability to talk about mental illness or their own mental illness.
- Imparts particularly insightful observations on the general subject of mental illness.

A Maryland author and/or newspaper is preferred. [Click here](#) for past winners and published articles.

The award carries a \$500 prize, which will be presented at the Maryland Psychiatric Society annual meeting on April 25, 2019. Please send nominations to [mfp@mdpsych.org](mailto:mfp@mdpsych.org) by **January 15, 2019**.

The MFP is organized for educational and charitable purposes. For more information, please visit the MFP [website](#).

### Membership

*The following individuals have applied for membership with the MPS. Unless any current members have evidence that an applicant does not meet the criteria for ethical and professional standards, these actions will be approved 14 days after publication.*

Kayia L. Jones, M.D.  
Michael A. Stauber, M.D.  
Audrey Wang, M.D.

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#### ***Transfer Into Maryland***

Sylvia Lee Foster, M.D.  
Syyeda F. Syed, M.D.

## Latest Medical Mind Podcast

**Initiating Medication-Assisted Treatment in the Hospital** - Hospitals and public health officials are increasingly motivated to initiate medication-assisted treatment in the hospital setting. Chris Welsh, M.D. of the University of Maryland School of Medicine explains the advantages of this approach. [Click to listen now.](#)

## APA News & Information

### November APA Assembly Highlights

The APA Assembly met in Washington DC to consider eighteen action papers covering a variety of topics and six position statements. There were papers requiring the APA to advocate for simplification of EHR documentation and ITP planning, and two related to the mental health consequences of forced separation of immigrant children. Another paper called for the creation of CPT codes specifically for suicide risk assessments. A paper submitted last year by the MPS succeeded in getting the APA to update its operations manual to provide information regarding liability coverage for district branch ethics investigations. A position statement opposing the forced separation of immigrant children passed, and also one supporting the use of the principles of recovery in mental health care.

The most controversial issue was a proposed position statement opposing psychologist prescribing. The original paper encouraged the APA to adopt the [statement](#) passed by American Academy of Child and Adolescent Psychiatry:

*"Mental illness and psychotropic medications affect not only the developing brain but all organ systems. Child and adolescent psychiatrists obtain a four-year medical education with a focus on anatomy, physiology and pharmacology. During the subsequent five years of residency training, child and adolescent psychiatrists receive extensive clinical supervision in evidence-based treatments and management of medications and side effects. We oppose psychologists prescribing medication because psychologists do not have a medical education that is essential for the appropriate and safe prescription of medications."*

The final position statement, which passed after extensive floor debate, was rewritten by the Joint Reference Committee to exclude any reference to psychologists. The district branches of Area 3 (including the MPS) and Area 7 both voted not to adopt the revised language, but the position passed nevertheless after extensive floor debate and three votes. The statement will be official, and publicly available, after it is accepted by the Board of Trustees at their meeting in December.

Saul Levin reported on results of a meeting between the APA and the American Board of Medical Specialties (ABMS) regarding maintenance of certification (MOC). Twenty percent of the Assembly membership attended this meeting. The ABMS presented the results of a multi-specialty survey on MOC. Unsurprisingly, 90% of physicians thought that MOC was not helpful. There was discussion of alternative certifying bodies, including the possibility of the APA setting up its own certification process. The recent [Department of Justice opinion](#), which responded to a request from the Maryland General Assembly, supported the idea of alternative certifying agencies and this opinion was cited in discussions with ABMS. [See article at right.]

Regarding legislative issues, the APA successfully lobbied for a \$584 million increase to SAMSHA and protected a minority fellowship scholarship that the Trump administration threatened to defund. Current legislative priorities include easing telehealth restrictions, expanding treatment for opioid use disorders, and enforcing mental health parity.

At the Area 3 meeting, each district branch was encouraged to submit requests to fund educational activities since the Area 3 revenue surplus will be reclaimed by the APA if not used. Members should contact the MPS office regarding educational topics of interest.

Finally, Assembly members were invited to an open house at the new APA headquarters at The Wharf. The APA reminds members that this facility is open to all visitors. I personally recommend the APA library, with its fascinating collection of historic books and memorabilia.

*Anne Hanson, M.D., with Elias Shaya, M.D. and Brian Zimnitzky, M.D., Assembly Representatives*

### DOJ Opinion about MOC

The United States Department of Justice, Antitrust Division (DOJ) was asked to review [HB 857](#) Health Occupations – Physicians – Specialty Certification from the 2018 Maryland legislative session. A workgroup of the Maryland Health Care Commission is evaluating problems with MOC at the direction of the House Health and Government Operations Committee with the goal of making recommendations for the 2019 session. While the 15-page [DOJ response](#) agrees that competition would be a solution to the MOC monopoly, it also discourages encroachment on hospital privileging procedures or insurance reimbursement. It concludes, "...The Division recommends that Maryland explore ways to promote competition in specialty board certification without unnecessarily interfering with individual business decision-making."

[ABMS issued a statement](#) in response "...While we continue to work with physicians and specialty and medical societies to ensure our programs do not become overly burdensome, we are proud that our certificate represents the highest standard of knowledge and assessment currently available. Accordingly, ABMS continues to welcome an accurate comparison of our programs to other certification programs currently in the marketplace, and we continue to support the right of patients and health systems to determine which program best meets their expectations for high quality specialty care."

As a reminder, in 2017, the Maryland General Assembly passed [HB1054](#), which prohibits certification (and MOC) as a requirement for physician licensure.

## APA News & Information

### APA Fellowship Application Cycle Opens

The APA Division of Diversity and Health Equity is excited to announce that 2019 APA/APAF Fellowship applications are open. APA/APAF Fellowships provide psychiatry residents the experiential learning, training and professional development they need to be leaders in the field. Go to [www.psychiatry.org/fellowships](http://www.psychiatry.org/fellowships) to learn about all eight Fellowship programs, their requirements and how to apply. The deadline for all applications is **January 31, 2019**.

### MPS Support for H.R. 6082

The MPS assisted with APA efforts to address the opioid crisis by signing on to [a letter of support for H.R. 6082](#), the Overdose Prevention and Patient Safety (OPPS) Act. H.R. 6082 passed the House of Representatives earlier in the year in a 357-57 bipartisan vote, but awaits Senate approval before it can become law. The letter encourages Senate leadership to bring the OPPS Act to the Senate floor for a vote during the lame-duck session.

If enacted, the bill will help improve patient safety and care coordination for patients with substance use disorder by aligning an out-of-date federal law, 42 CFR Part 2, with the Health Insurance Portability and Accountability Act (HIPPA). This step to modernize the sharing of records will help ensure health care providers have appropriate access to a patient's entire medical history for treatment, payment and health care operations. The bill also includes several consumer protection provisions to ensure records under Part 2 are kept confidential.

### Scam Targeting DEA Registrants

The Drug Enforcement Administration (DEA) is alerting registrants to be alert to phone calls and emails from people identifying themselves as DEA employees or other law enforcement personnel. They have masked their telephone number on caller ID by showing the DEA registration support 800 number. If you are contacted by a person seeking money or threatening to suspend your DEA registration, submit the information here: [Extortion Scam Reporting](#).

From [October 31 Psychiatric News](#)

### Gold Award to Chesapeake Connections

At the APA's IPS: The Mental Health Services Conference in Chicago in October, it awarded the **Gold Achievement Award for Community-Based Care** to **Chesapeake Connections, a program of Mosaic Community Services at Sheppard Pratt Health System**. This Baltimore program, directed by Denise Chatham, has made significant progress in reducing psychiatric hospitalization of people with serious mental illness by surrounding them with the supports necessary to remain in the community. Key offerings include intensive case management, life skills training, housing assistance, money management, individual and group therapy, and general medical care.

Membership in the program is extended only to individuals with the most severe and persistent mental illnesses. Intensive case management is provided by three clinical teams, each consisting of a coordinator; a team leader; five case managers who help members develop and implement a treatment plan; two team assistants who help members with medical appointments, shopping, and other day-to-day activities; and a licensed practical nurse and a half-time prescriber (either the program's psychiatric nurse practitioner or psychiatrist) to manage health care. Each case manager works with eight or nine members, with assistance from the team.

From [November 9 Psychiatric News](#)

### Evaluating Telepsychiatry Jobs

An October 24 APA Telepsychiatry [Blog](#) post, How to Evaluate Telehealth Job Opportunities, offers some tips on what psychiatrists should look for when evaluating potential jobs in telepsychiatry. To aid in this process, APA's "Telepsychiatry Job Checklist" guides the budding telepsychiatrist to take note of different facets of telepsychiatry companies: People, Support, Finances, Work, Technology, and Vibe.

### Free Members' Course of the Month

**Functional Neurological Symptom Disorders** - In recent years, there has been an explosion of research in the field of neuropsychiatry and renewed interest in understanding related neurocircuits and developing evidence-based treatments for conversion disorder, including cognitive behavior therapy and psychodynamic approaches. This presentation discusses developments in neuropsychiatry and effective strategies in the diagnosis of functional neurological symptom disorder (conversion disorder) for the general psychiatrist. [Click here to access the Course of the Month and sign up for updates about this free member benefit.](#)

## AMA News & Prior Authorization Reform

Health insurers and benefit managers are increasingly requiring health care professionals to obtain prior authorization before covering pharmaceuticals and medical services. These requirements can interrupt care, divert resources from patients and complicate medical decision-making. The AMA has launched the [#FixPriorAuth campaign](#) to raise awareness that prior authorization hurts patients and physicians. Share how prior authorization affects your practice and creates barriers to patient care: [click here](#).

### AMA Interim Meeting

At the opening session, AMA President Barbara McAneny, M.D. said it is time create a system that values health over money and power. The AMA is fighting the forces that make the U.S. health system so dysfunctional. She told a story of her patient with metastatic cancer who was denied an opioid prescription due in part to prior authorization. The patient, wracked with pain and shamed by the episode, nearly died of suicide. Dr. McAneny explained how the AMA is working to [#FixPriorAuth](#). She also addressed physician burnout, health industry consolidation, the skyrocketing cost of prescription drugs, access to health insurance and excessive time on EHRs. [Click to read more](#) of her comments. [Click here](#) to view highlights of positions taken and other meeting news.

### AMA Supports Stronger Gun Policy

At the 2018 Interim Meeting, the AMA House of Delegates (HOD) adopted new policy to seek a stronger background check system for firearms purchases:

- Encourage state laws requiring reporting of all classes of prohibited individuals, as defined by state and federal law, to the National Instant Criminal Background Check System (NICS).
- Support federal grants to states to improve NICS reporting.
- Encourage states to automate the reporting of relevant information to NICS to improve the quality and timeliness of the data.

The HOD also amended policy to support:

- Requiring licensing or permitting of firearms owners and purchasers, including the completion of a required safety course, and registration of all firearms.
- "Gun violence restraining orders" for individuals arrested or convicted of domestic violence or stalking, and extreme risk protection orders, commonly known as "red-flag" laws. [See Maryland's law on [page 4](#).]
- The importance of due process so that individuals can petition for their rights to be restored.
- Enactment of child access-prevention laws that are consistent with AMA policy.
- A ban on the manufacture, importation and sale of 3D-printed firearms and the production and distribution of 3D firearm digital blueprints.

From [November 13 AMA Wire post](#)

### How Physicians Can Reduce Firearm Violence

Physicians should routinely ask patients about firearms in their home and whether guns are locked and safely stored, writes James S. Kahn, M.D., a professor of medicine at Stanford University, in an [editorial](#) published in the *Annals of Internal Medicine*. The editorial was published alongside a [position paper](#) from the American College of Physicians on reducing firearm injuries and deaths in the United States. Kahn recommends the following advice to patients about creating a safe environment when guns are in the home:

- Remove the ammunition from the gun and lock the gun in a secure location.
- Lock the ammunition in a separate location from the gun.
- Store keys in a different area from household keys and keep them out of reach of children.
- Lock up gun-cleaning supplies.
- Never leave a gun unattended after removing it from a safe storage place.

An [APA-sponsored poll](#) in May 2018 reflects widespread concern among Americans about gun safety and a belief that Congress should do more to address the problem of

### AMA Seeks More Data on Physician, Medical Student Suicide

Citing the high rate of suicide completion among medical professionals when compared with the general population and work-related stress as a risk factor for doctors, the AMA House of Delegates (HOD) has called for a better understanding of patterns linked to physician suicide.

To address suicide among physicians and trainees, the HOD directed the AMA to: "request that the Liaison Committee on Medical Education and the Accreditation Council for Graduate Medical Education collect data on medical student, resident and fellow suicides to identify patterns that could predict such events."

At the 2019 AMA Interim Meeting, the AMA will introduce a report on the most efficient and accurate mechanism to study the actual incidence of medical student, resident and physician suicide with recommendations for action.

From [November 13 AMA Wire post](#)

## Review and Dispute Period Ends December 31

**Program Year 2017 Open Payments data is available for review and dispute through December 31.** In June, CMS published Program Year 2017 Open Payments data along with updated and newly submitted data from previous program years (2013-2016). Program Year 2017 data and newly submitted payment records are now open to review and dispute. [Learn more](#). Physician review of the data is voluntary, but strongly encouraged since the data are available to the public. If you have not already reviewed Program Year 2017 details, visit <https://openpaymentsdata.cms.gov/>. If any records attributed to you are inaccurate or incorrect in any way you can initiate a dispute and work with the reporting entity to reach a resolution. Please note: CMS does not mediate disputes. For more information on the review, dispute and correction process visit the [Open Payments resource page](#).

## CMS Proposes Medicaid and CHIP Changes

On November 8, CMS proposed streamlining the Medicaid and CHIP managed care regulatory framework to reduce regulations, support state flexibility and local leadership, and promote transparency, flexibility, and innovation in the delivery of care. The [NPRM fact sheet](#) gives an overview of the proposal, which includes revisions to capitation rates, fees, network adequacy standards, quality ratings, appeals and grievances, etc. [Click here](#) to view the proposed rule. **Comments on the proposed rule are due January 14, 2019.**

## Effects of Health Care Payment Models on Physician Practice

An AMA/RAND Corporation [study](#) of non-fee-for-service alternative payment models' effect on physician practices turned up several important findings:

- **Payment models are changing at an accelerating pace** - physician practices, health systems, and consultants find it difficult to keep up with the proliferation of new models, with some calling for a "time out" to allow them to better adapt.
- **Payment models are increasing in complexity**
- **Risk aversion is more prominent among physician practices** - practices seek to avoid downside risk or to off-load downside risk to partners (e.g., hospitals and device manufacturers) when possible.

Among the recommendations are simplifying APMs to help practices focus on improving patient care, slowing the pace of change in payment models and considering upside-only APMs or helping practices manage downside risk to improve APM uptake. [Click here](#) for more details.

# Medicare Updates

## 2019 Medicare Participation

Physicians need to decide by **December 31** whether to participate in Medicare next year. [Click to view details about Medicare Participation for 2019](#), including opting out. Medicare [fee schedule amounts](#) are 5% higher if you participate. Participation agreements cover the period January 1, 2019 through December 31, 2019, and may not be changed after December 31, 2018.

To be a **participating** physician:

- If you are currently participating, do nothing.
- If you are not a current Medicare participant, submit the [CMS-460 - Medicare Participating Physician or Supplier Agreement](#).

To be a **non-participating** physician:

- If you are currently not participating, do nothing.
- If you are currently a participant, submit a written, dated notice postmarked prior to January 1, 2019 that includes the provider name and NPI, a statement indicating that you are rescinding your participation agreement.

Submit the Participation Agreement or Disenrollment to:  
Novitas Solutions  
Provider Enrollment Services  
P.O. Box 3157  
Mechanicsburg, PA 17055-1816

## 2017 Quality Payment Program Performance Data

For 2017, the first year of the Quality Payment Program, 95% of all participating clinicians earned a positive return on their participation, 2% had no adjustment and 5% had their payment reduced. See this [infographic](#) for more details, including how small practices fared.

## Quality Payment Program Resources

CMS has assembled Quality Payment Program information and resources in one place. A search function helps locate specific items quickly by allowing searches by year, reporting track, performance category, and by document type (e.g., fact sheet, user guide, measure specifications). Additional resources will be added so stay tuned! For more information, go to the [Quality Payment Program Resource Library](#) or visit the [Quality Payment Program website](#) to check your participation status, explore measures, and to review guidance on MIPS, APMs, what to report, and more. Contact [OPP@cms.hhs.gov](mailto:OPP@cms.hhs.gov) or 1-866-288-8292 with any questions.

# Medicare Updates

## E&M Coding Reforms Delayed

CMS [announced](#) November 1 a final rule updating payment policies, payment rates, and quality provisions for Medicare services furnished in 2019. CMS clarified that it is delaying until 2021 the implementation of evaluation and management (E&M) coding reforms that affect physician payment. However, it finalized the following [changes](#) to **reduce the documentation burden beginning January 2019**:

- Eliminate the requirement to document the medical necessity of a home visit in lieu of an office visit;
- For established patient office/outpatient visits, when relevant information is already contained in the medical record, practitioners may choose to focus documentation on what has changed since the last visit, or on pertinent items that have not changed, and need not re-record the defined list of required elements if there is evidence that the practitioner reviewed the previous information and updated it as needed. Practitioners should still review prior data, update as necessary, and indicate in the medical record that they have done so;
- Additionally, for E/M office/outpatient visits for new and established patients, practitioners need not re-enter information on the patient's chief complaint and history that has already been entered by ancillary staff or the beneficiary. The practitioner may simply indicate in the medical record that he or she reviewed and verified this information; and
- Removal of potentially duplicative requirements for notations in medical records that may have previously been included in the medical records by residents or other members of the medical team for E/M visits furnished by teaching physicians.

The final 2019 Physician Fee Schedule (PFS) and Quality Payment Program rule will also allow practitioners to be separately **paid for brief communication technology-based services** when the patient checks in with the practitioner via telephone or other telecommunications device to decide whether an office visit or other service is needed. Payment would also be allowed when the practitioner remotely evaluates recorded video and/or images submitted by an established patient to assess whether a visit is needed.

- In addition, CMS is adding HCPCS codes G0513 and G0514 (Prolonged preventive service(s)) to the list of telehealth services.
- Through an interim final rule with comment period, CMS is removing the originating site geographic requirements and adds the home of an individual as a permissible originating site for telehealth services furnished for purposes of treatment of a substance use disorder or a co-occurring mental health disorder for services furnished on or after July 1, 2019.

The final 2019 PFS conversion factor is \$36.04, a slight increase above the 2018 PFS conversion factor of \$35.99.

## CMS Fee Schedule Changes in 2021

APA will review the 2,300+ page Final Rule on the 2019 Physician Fee Schedule and summarize the sections pertaining to psychiatry. For now, please note the following CMS decisions regarding proposed revisions to the E/M fee structure and E/M documentation guidelines:

CMS will delay implementation of the simplified fee structure for two years. Beginning in 2021, they will pay two payment rates: one for straightforward visits (99202, 99203, 99204 and 99212, 99213, 99214), and one for complex visits (99205 and 99215) for office visits. This will impact both new patient visits and established patient visits.

Along with the simplified fee structure, CMS will also pay for two add-on codes, one specifically for services provided by primary care physicians (family medicine, internal medicine, pediatrics, geriatrics), and a second to describe additional complexity in the visit. **CMS supported APA's position that psychiatry should be added to the list of specialties that can bill for this additional complexity, which allows psychiatrists the ability to receive an additional payment for more complex care.** While further analysis needs to occur, it appears the revised proposal addresses APA's concerns about ensuring payment for complex care (through the add-on code for use with the straight forward visits, as well as by retaining the 99215). The simplified structure may also reduce the number of audits. CMS estimates that psychiatry would see a 5% increase in allowed charges based on the 2021 proposed fee changes. The impact on individual psychiatrist will vary based on their individual coding patterns.

In addition, CMS recognized the work of the AMA reimbursement related groups and the AMA CPT/RUC Workgroup, and acknowledged that CMS will review recommendations from that group to make any further refinements. **This affords APA the opportunity to continue to push for changes as necessary.**

In terms of changes to the documentation requirements, **CMS has adopted several of the documentation changes APA supported in our comments** including no longer requiring physicians to re-record elements of history and exam when there is documentation that those items have been reviewed and updated. [See left column for more on this.] Physicians will continue to use either the 1995 or 1997 documentation guidelines until 2021 when CMS will implement the simplified structure.

APA will provide an additional analysis soon but if you have questions, please contact Becky Yowell, Director of Reimbursement Policy at [byowell@psych.org](mailto:byowell@psych.org).

*Saul Levin, MD, MPA, FRCP-E  
APA CEO and Medical Director*

# CLASSIFIEDS

## EMPLOYMENT OPPORTUNITIES

P/T Psychiatrist for busy practice in Severna Park, Maryland. Providers are 4 Psychiatrists and 10 therapists. We provide all services in this friendly work atmosphere. Please send resume to [babh1@verizon.net](mailto:babh1@verizon.net) or fax to 410 421-9135.

Psychiatrist – Full or part-time psychiatrist wanted for a well-established, reputable, growing private practice in Anne Arundel County, MD. Position includes premium office space, attractive compensation, comprehensive administrative support, professional freedom, and collegial interaction with a multi-disciplinary staff in a desirable location. Opportunity to become involved in the TMS program (Transcranial Magnetic Stimulation) if desired. For more information please visit [www.spectrum-behavioral.com](http://www.spectrum-behavioral.com) or call Scott E. Smith, Ph.D. at 410-757-2077 X 7102 or email to [director@spectrum-behavioral.com](mailto:director@spectrum-behavioral.com).

The Johns Hopkins Hospital Community Psychiatry Program is recruiting a board eligible/board certified adult psychiatrist to work full-time in their outpatient program. The program uses a multidisciplinary approach to provide care to those with a wide range of psychiatric disorders. Applicants may be eligible for the Maryland State Loan Repayment Scheme (SLRP) and/or the NHSC loan repayment program. For more details please email Dr. Bernadette Cullen, Director, Community Psychiatry Program at: [bcullen@jhmi.edu](mailto:bcullen@jhmi.edu). Johns Hopkins University is an EO/AA employer committed to recruiting, supporting, and fostering a diverse community

PSYCHIATRIST/MEDICAL DIRECTOR - Jewish Community Services is seeking a Part-Time (20 hour/week) Psychiatrist for our outpatient mental health center. Skills/Qualifications: Conduct psychiatric evaluations and medication management, Familiarity with and/or sensitivity to Jewish identity (including its religious, ethical, cultural and social values). Experience: Psychiatrist, Psychiatric Resident or Fellow, Child and adolescent experience a plus. Education: MD; Licensed in Maryland, DEA certification, liability insurance. Qualified Applicants should apply via: <http://bit.ly/PsychiatristJCS> (preferably) or send to: Human Resources, Jewish Community Services, 5750 Park Heights Avenue Baltimore, MD 21215. Or fax resume to 443.200.6108. Cover letters can be sent to [mailtorecruitment@jcsbaltimore.org](mailto:mailtorecruitment@jcsbaltimore.org) Equal Opportunity Employer Jewish Community Services (JCS) is a non-profit human service agency that provides programs and services to support meeting basic needs for economic sufficiency; living independently; achieving mental health and competence; and feeling supported by and connected to the Jewish community in ways that are meaningful. To learn more about Jewish Community Services, visit [www.jcsbaltimore.org](http://www.jcsbaltimore.org).

Psychiatrists Needed for Independent Medical Evaluations  
The Maryland State Retirement Agency would like to expand our roster of doctors who can perform psychiatric Independent Medical Evaluations (IMEs). The purpose of the evaluation is to assist our Medical Boards in making a determination of a claimant's medical condition in connection with his/her request for disability retirement benefits. IME doctors must be available to testify; however, this is only necessary in the case of a claimant appealing a denied claim. Hearings are held at the Office of Administrative Hearings in Hunt Valley, Maryland. We invite all doctors interested in this opportunity to contact Robin McClelland at 410-625-5500.

Opportunity to work in a multidisciplinary mental health outpatient practice full time/part time in Columbia, MD. The office is in a medical building with a kitchen and accessible parking. Contact Richard Bacharach, MD at 410-715-1180 or at [rbacharach@comcast.net](mailto:rbacharach@comcast.net).

**SEEKING RESEARCH PHYSICIANS - Pharmasite Research, Inc.**, a leading clinical trials facility in suburban northwest Baltimore seeks qualified, licensed physicians for employment in clinical research. Qualified candidates may be trained in psychiatry, neurology or internal medicine, and must be licensed to practice in Maryland. Prior experience as a Principal Investigator and/or Sub-investigator on Phase II-III clinical trials is highly desirable. Independent contractor positions are available with flexible, part-time hours. Additionally, opportunity and space are available for a physician seeking both a research position and private psychiatric practice. To discuss these opportunities, please call Surya Korn, Director of Operations at 410.602.1440, or e-mail [surya@pharmasiteresearch.com](mailto:surya@pharmasiteresearch.com).

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Office space to rent full time/part time in fully furnished office suite in a medical building in Columbia, kitchen available, accessible parking. Contact Richard Bacharach, MD at 410-715-1180 or at [rbacharach@comcast.net](mailto:rbacharach@comcast.net)



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-Steven Bonner, MD  
Chief Psychiatrist, MHM Services/Centurion

## DID YOU KNOW?

- In Maryland, over 398,000 adults struggle with dependence or abuse of illicit drugs or alcohol
- 157,000 people in Maryland have reported having serious thoughts about suicide
- Over 735,000 people in Maryland suffer from some form of adult mental illness

\*Source: Mental Health America "2017 State of Mental Health in America"

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# Rewarding Opportunities for Psychiatrists Across Maryland



Sheppard Pratt  
HEALTH SYSTEM

Sheppard Pratt Health System is seeking psychiatrists to work in multiple Sheppard Pratt programs across Maryland.

## Opportunities Include:

### Child & adolescent psychiatrists

Inpatient and outpatient

Multiple locations

### Adult psychiatrist

The Retreat at Sheppard Pratt

Baltimore County

### Crisis services psychiatrist

Sheppard Pratt-Towson Campus

Baltimore County

### Trauma psychiatrist

Sheppard Pratt-Towson Campus

Baltimore County

### Adult psychiatrist

Sheppard Pratt-Ellicott City Campus

Howard County

### School psychiatrist - autism focus

Position serves multiple locations

## Requirements:

- Must be board-certified or board-eligible
- Must have a current license to practice in Maryland at the time of hire
- Individuals hired for inpatient, PHP, and residential school services participate in a call schedule

## Why Sheppard Pratt Health System?

- Physician-led organization
- Generous compensation package with comprehensive benefits, including medical, dental, vision, and life insurance; an extensive wellness program; and ample leave
- Relocation assistance
- Sign-on bonus
- A network of the brightest minds in psychiatry
- Grand rounds, CME opportunities, on-site lectures
- State-of-the-art research and technology
- Cross-discipline collaboration

## About Sheppard Pratt Health System

Consistently ranked as one of the top ten psychiatric hospitals by *U.S. News & World Report*, Sheppard Pratt is the nation's largest private, non-profit provider of mental health, substance use, special education, and social services. We employ more than 95 doctors who all share a passion for providing the best care to those we serve. To learn more about our services, visit [sheppardpratt.org](http://sheppardpratt.org). EOE.

For more information, please contact Kathleen Hilzendege,  
Director of Professional Services, at 410.938.3460 or  
[khilzendege@sheppardpratt.org](mailto:khilzendege@sheppardpratt.org).



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